

Transcribed by _____ with date/time

Verified by Nurse _____ with date/time



Admission Standard Orders
Deep Venous Thrombosis _____ (location)

Admitting Physician: _____ **Date:** _____ **Time:** _____
Admit per Inpatient: [] Med/Surg [] Telemetry [] ICU
Place in Observation Services: [] Med/Surg [] Telemetry [] Other: _____
Diagnosis: [] Deep Venous Thrombosis [] Other: _____
Condition: [] Stable [] Guarded [] Critical [] Good [] Fair [] Poor
Consult: [] Hematology: _____
 [] Pulmonary: _____
Allergies: [] Other _____
 [] _____

Code Signs: [] Full [] DNR

Vital Signs: [] Per unit protocol [] Every shift [] every _____ hours
 [] Other: _____

Activity: [] Bed rest [] Up in chair [] Bedside commode [] Ambulate ad lib [] Bathroom privileges

Nursing: [] Daily weight [] Intake & Output
 [] Foley to drainage
 [] Pulse oximeter [] every shift [] twice a day [] Continuous overnight monitor
 [] Glucose checks AC and at bedtime or every _____ hrs
 [] Other: _____

Diet: [] Regular [] Mechanical soft [] Restrict fluid _____ [] Sodium restricted _____ mg
 [] Cardiac/Heart Healthy [] Diabetic (specify) _____ calorie [] Renal/Kidney
 [] NPO [] Full Liquid [] Clear Liquid [] Other: _____

Fluids: [] Intravenous: _____ @ _____ ml/hr
 [] Saline lock
 [] Other: _____

Oxygen: [] Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 92%. May DC if O2 sat greater than 93 % on RA.
 [] Venti Mask _____ % FIO2 [] 100% NRB
 [] Other: _____

Protocols (if available): All protocol orders must be placed in chart
 [] Weight Based Heparin Dosing Protocol for DVT/PE (when patient placed on protocol, or Lovenox, all associated labs and monitoring is included)
 [] Insulin Infusion Protocol (ICU patients only)

Labs: [] BMP [] CMP [] D-Dimer [] TSH [] UA [] ABG
 [] Guaiac stool x 1 [] Guaiac stools daily
 [] CBC with differential () Now () In AM () Other _____
 [] CBC without differential () Now () In AM () Other _____
 [] CBC now and every 3 days while on Heparin [] Other Labs:

Studies: [] CXR: [] Portable [] PA/Lateral
 [] EKG
 [] CT scan of chest with and without contrast
 [] Venous Doppler [] Venogram [] VQ Scan
 [] Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		



Account Number: _____ MR Number: _____
 Patient Name: _____
 Admit Date: _____



Salt Lake Regional
MEDICAL CENTER

1050 East South Temple - Salt Lake City - Utah 84102
 (801) 350-4111

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies: _____								
Attending Physician Name: _____								



Medications: (Check the appropriate box.)

- Enoxaparin (Lovenox) 1.5 mg/kg/day
- Warfarin (Coumadin) _____mg PO daily. Start on date:_____.
- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily
- Nicotine _____mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting



Standard Medications: (all orders below will be implemented unless crossed out)


Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp greater than 101F (not to exceed 4 grams per 24 hours)
 Docusate sodium (Colace) 100 mg PO qHS
 MOM 30 ml PO PRN constipation
 Maalox 30 ml PO PRN heartburn

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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